

**MULTIPLE DEPENDENT CLAIM  
 FEE CALCULATION SHEET**  
 (FOR USE WITH FORM PTO-875)

SERIAL NO.  
**107070167**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1										
2							51						
3							52						
4							53						
5							54						
6							55						
7							56						
8							57						
9							58						
10							59						
11							60						
12							61						
13							62						
14							63						
15							64						
16							65						
17							66						
18							67						
19							68						
20							69						
21							70						
22							71						
23							72						
24							73						
25							74						
26							75						
27							76						
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29							78						
30							79						
31							80						
32							81						
33							82						
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35							84						
36							85						
37							86						
38							87						
39							88						
40							89						
41							90						
42							91						
43							92						
44							93						
45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
							100						
TOTAL IND.	1		1				TOTAL IND.						
TOTAL DEP.	19		17				TOTAL DEP.						
TOTAL CLAIMS	20		18				TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS